

Discussion DRAFT

Summary of Regional Community Plans

As required by Senate File (SF) 504 Mental Health and Disability Services (MHDS) Regions (regions) convened stakeholder workgroups to create collaborative policies and processes related to the delivery of, access to, and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs, especially those with complex service needs. These workgroups will continue to meet on a regular basis, but provided initial input on regional community services plans.

SF 504 required Regions to submit community service plans to DHS by October 16, 2017 that included:

- Planning and implementation time frames,
- Assessment tools to determine effectiveness in achieving the department's identified outcomes for success in the delivery of, access to, and coordination and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs, particularly for individuals with complex mental health, disability, and substance use disorder needs,
- Financial strategies to support the plan including combined funding from different sources, especially Medicaid,
- A description of how the Region will spend down the regional fund balance remaining from the fiscal year ending June 30, 2016.

Outcomes for Success Identified by DHS

The following "Outcomes for Success" were mutually agreed on by regional CEOs and Department of Human Services (DHS). Collecting this information will serve as the assessment tool to determine effectiveness of services and supports for individuals with complex mental health, disability, and substance use disorder needs.

1. The number of individuals who are in the emergency department over 24 hours because mental health, disability, or substance use disorder services are not available.
2. The number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available.
3. The number of individuals with a mental illness, intellectual disability, or substance use disorder who could have been diverted or released from jail if appropriate community based services had been available.
4. The number of individuals involuntarily discharged from their community based mental health, disability or substance use disorder provider without a new community based provider in place. This includes, individuals discharged to jail, homelessness, or hospital that are not returning to services with their current provider.

MHDS regions have collaborated on the data collection process that will be utilized for the DHS Outcomes for Success.

Outcome Time Frames:

- MHDS regions will collect outcome data on a monthly basis.
- MHDS regions will report outcomes to DHS on a quarterly basis from November 1, 2017 – October 31, 2018.

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Summary of MHDS Regional Strategies

All regions submitted their Community Plans on or before 10/16/17. Regions used the same basic layout for the plan which includes: statewide strategic direction; summary of stakeholder workgroups; regional strategy to show improvements in the Outcomes for Success as identified by DHS; and a plan for regional fund balances spend down. Each region had at least one community meeting to identify what regional strategies would be developed.

Strategies to reduce Regional fund balances include a combination of reducing county property tax levies and implementing new services identified in the regional strategies below.

Across the Regions there are common strategies to increase positive outcomes and access to supports and services for individuals with complex mental health, disability, and substance use disorder needs. The identified service development or expansion includes developing providers with the skill and commitment to provide services to individuals with co-occurring and complex needs. Regions propose to increase access to:

- Crisis services and subacute services
 - mobile response
 - residential crisis stabilization
- Access Center with sub-acute services
- Community based detox program
- Peer support services
 - Wellness Recovery Action Plans (WRAP)
 - hospital emergency departments
- Services and supports in hospitals
 - tele-psychiatry in emergency departments
 - care coordination to locate and maintain community services
 - peer support in emergency departments
- Justice involved services
 - jail diversion – care coordination
 - mental health and substance use disorder services in jails
 - tele-psychiatry in jails
 - Crisis Intervention Team training (CIT)
- Community based services
 - transitional housing
 - Assertive Community Treatment, I-Start
 - intense care coordination from the Region; working with MCO and IHH
- Education and supports to the community
 - Mental Health First Aid
 - C3 De-escalation training
 - Evidenced based practices
 - Consultation and collaboration with the Region

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Central Iowa Community Services (CICS):

- Expand core services by adding additional outpatient services that include co-occurring, crisis evaluations using tele-psychiatry in local emergency departments and crisis appointments with local provider. Provide wrap around supported community living services and offer provider education and training around evidence based practices and provider proficiencies.
- Expand additional core (core plus services) by increasing mobile response, utilizing crisis stabilization residential services, developing an access center with sub-acute services, increasing jail diversion and implementing C3 De-escalation training.
- Expand other community living support services by utilizing standardized assessments to determine service needs, increasing local service coordination to improve transition, developing/ expanding the use of transitional living services, and providing professional consults on individuals' complex needs. Decrease commitments by providing a voluntary transportation option.

County Rural Offices of Social Services (CROSS):

- Expand core services by using peers support services in local emergency departments, and coordinating with managed care organizations (MCOs), integrated health homes (IHHs), and hospitals to better meet individuals' complex needs.
- Expand additional core (core plus services) through increased mobile response, utilization of crisis stabilization residential services and 23 hour crisis observation and holding, development of an access center with sub-acute services, and implementation of C3 De-escalation training.
- Expand other community living support services through I-START.

County Social Services (CSS):

- Expand core services by implementing crisis evaluations using tele-psychiatry in local emergency departments, developing linkage agreements with local providers, and coordinating with MCOs, IHHs, and hospitals to better meet individuals' complex needs.
- Expand additional core (core plus services) by adding a 24/7 crisis line, developing and increasing usage of crisis stabilization residential services, and growing co-occurring/mental health and substance abuse services in jails utilizing tele-health services.
- Expand other community living support services utilizing increased regional service coordination to help with transitions, utilizing I-START services, and utilizing/increasing transitional living services.

Eastern Iowa:

- Expand core services by providing mental health prescriber "bridge appointments" which may include the utilization of tele-psychiatry, offering tele-psychiatry in local emergency rooms, and engaging peer support specialists in local hospitals. Provide coordination with MCOs, IHHs, and hospitals to better meet individuals' complex needs. Offer provider education and training around evidence based practices and provider proficiencies.
- Expand additional core (core plus services) by increasing mobile response services and implementing the sequential intercept model for jail diversion.
- Expand other community living support services by exploring electronic health records, offering Mental Health First Aid training, increasing the utilization of regional service coordination for transition and expanding the "trust" program which offers guardianship/conservatorship/payee

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for individuals needing that increased support. Communicate and collaborate with the state ombudsman's office if individuals are involuntarily discharged from their community provider and continued participation in 2-year pilot project with the Robert Young Center and the State of Illinois to allow mental health (229) commitments across state lines in Illinois.

MHDS of East Central Iowa (ECR):

- Expand core services by providing wrap around supported community living services, expanding peer support specialist services, considering a possible peer delivered designated mobile unit,. The Region is looking at utilizing permanent supported housing, developing a rural Assertive Community Treatment (ACT) team, and offering provider education and training around evidence based practices and provider proficiencies. Decrease commitments by providing a voluntary transportation option.
- Expand additional core (core plus services) by developing additional mobile response options possibly using peer support specialists, developing an access center utilizing sub acute services, maintaining mental health /co-occurring services in jails utilizing tele-psychiatry, increase utilization of crisis stabilization residential services, and continuing jail diversion services and CIT training.
- Expand other community living support services by developing a community based detox center by developing a suicide assessment/intervention/prevention service and exploring on-line option such as Health Mentors for access to services. Continue to offer Mental Health First Aid training, increase the use of regional service coordination for transition, and develop/grow transitional living programs.

Heart of Iowa Community Services (HICS):

- Expand core services by offering tele-psychiatry in local emergency departments, building wrap around supported community living services, and expanding peer support specialist services.
- Expand additional core (core plus services) by developing/increasing mobile response services, 23 hour observation and holding, and continuing utilization of crisis stabilization residential services. Develop sub-acute services and continue justice system-involved services including tele-psychiatry in the jails, intensive service coordination in jails, and civil commitment prescreening evaluations.
- Expand other community living support services by offering Mental Health First Aid, providing extensive service coordination to help individuals find placement after hospitalization, utilizing transitional living services, and accessing or contracting for co-occurring residential treatment services.

Northwest Iowa Community Connections (NWIACC):

- Expand core services by developing an ACT program and offering provider education and training around evidence based practices and provider proficiencies.
- Expand additional core (core plus services) by developing mobile crisis services, utilizing crisis stabilization residential services, developing subacute services, and increasing justice-involved services by maintaining mental health /co-occurring services in jails utilizing tele-psychiatry, and developing/expanding jail diversion services utilizing intense case management/ coordination.
- Expand other community living support services by offering extensive service coordination to help individuals find placement after hospitalization, substitute decision making, developing and utilizing transitional living services and investigating the development of a community based detox center.

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Polk:

- Expand core services by offering provider education and training around evidence based practices and provider proficiencies.
- Expand additional core (core plus services) by supporting jail diversion services that include the federal Stepping Up initiative, identifying misalignments where laws do not support diversion practices, and Crisis Intervention Training (CIT) training.
- Expand other community living support services by continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals, and investigating the development of a sobering center.

Rolling Hills Community Services (RHCS):

- Expand core services by increasing co-occurring outpatient services, offering tele-psychiatry in local emergency departments, growing peer support services in hospitals, providing coordination with MCOs, IHHs, and hospitals to better meet individuals' complex needs, and offering provider education and training around evidence based practices, provider proficiencies including one-time incentives for providers to assess their business models and productivity.
- Expand additional core (core plus services) by offering mobile response services, the utilization of crisis stabilization residential services, and offering C3 De-escalation training. Expand justice involved services by maintaining mental health /co-occurring services in jails utilizing tele-psychiatry, developing/expanding jail diversion services utilizing intense case management/ coordination, and civil commitment prescreening evaluations.
- Expand other community living support services by offering Mental Health First Aid training, continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals, offering extensive service coordination to help individuals find placement after hospitalization, implementing I-START, and developing and utilizing transitional living services.

Sioux Rivers:

- Expand core services by offering provider education and training around evidence based practices and provider proficiencies.
- Expand additional core (core plus services) by utilizing crisis stabilization residential services, offering C3 De-escalation training, and developing/increasing jail diversion services utilizing intense case management/ coordination.
- Expand other community living support services by enhancing on-line resources, offering Mental Health First Aid training, continuing to collaborate with service coordinators, MCOs, Law Enforcement, and hospitals, offering extensive service coordination to help individuals find placement after hospitalization, utilizing transitional living services, and offering professional consults for individuals with complex needs.

Southeast Iowa Link (SEIL):

- Expand core services by increasing outpatient services including co-occurring services, developing permanent supported housing services, and offering provider education and training around evidence based practices and provider proficiencies.
- Expand additional core (core plus services) by developing mobile crisis services, offering C3 D-escalation training, and CIT training.

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- Expand other community living support services by offering extensive service coordination to help individuals find placement after hospitalization, and looking into the development of a co-occurring residential facility.

South Central Behavioral Health:

- Expand core services by offering crisis evaluation using tele-psychiatry in local emergency departments, building wrap around community living services, providing coordination with MCOs, IHHs, and hospitals to better meet individuals' complex needs, offering provider education and training around evidence based practices and provider proficiencies, and implementing a permanent supportive housing, and a rural ACT team.
- Expand additional core (core plus services) by developing mobile crisis, 23 hour observation and holding, expanding crisis stabilization residential services, and developing a an access center with sub-acute services. Maintain current mental health and co-occurring services in local jails including the use of tele-psychiatry.
- Expand other community living support services by offering extensive service coordination to help individuals find placement after hospitalization, and continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals.

Southern Hills:

- Expand core services by offering crisis evaluations using tele-psychiatry in local emergency departments.
- Expand additional core (core plus services) by contracting for crisis stabilization residential services, and maintaining current mental health and co-occurring services in local jails including the use of tele-psychiatry.
- Expand other community living support services by continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals.

Southwest Iowa:

- Expand core services by providing coordination with MCOs, IHHs, and hospitals to better meet complex needs of individuals, and offering provider education and training around evidence based practices and provider proficiencies.
- Expanding additional core (core plus services) by developing mobile response services, offering C3 De-escalation training, CIT training, maintaining current mental health and co-occurring services in local jails including the use of tele-psychiatry, and developing/expanding jail diversion services utilizing intense case management/ coordination.
- Expand other community living support services by enhancing on-line resources, offering Mental Health First Aid training, continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals, offering extensive service coordination to help individuals find placement after hospitalization, developing and utilizing transitional living services, and developing a small high needs setting with well trained staff.